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Otobo D Daniel

College of Medicine and Health Sciences, Bingham University, Nigeria

Adefila Jacob

College of Medicine and Health Sciences, Bingham University, Nigeria

Edugbe E Adikpe

Department of Obstetrics and Gynaecology, Bingham University, Nigeria

Yonni Johnson

College of Medicine and Health Sciences, Bingham University, Nigeria

Mesak Daniel

Department of Chemical Pathology, Bingham University, Nigeria

Ishiola M Adewale

College of Medicine and Health Sciences, Bingham University, Nigeria

Omoruyi Anita

College of Medicine and Health Sciences, Bingham University, Nigeria

Ezejiofor L Ugochukwu

Department of Surgery, Bingham University Teaching Hospital, Nigeria

Okpe Paschal

Federal Medical Center Abeokuta, Ogun, Nigeria

Okau Uloko

Federal Medical Centre, Keffi, Nigeria

Tanko O Halima

Department of Human Physiology, Ahmadu Bello University Zaria, Nigeria

Corresponding Author:**Otobo D Daniel**

College of Medicine and Health Sciences, Bingham University, Nigeria

Voices of the African child: An article on youth engagements in sexual and reproductive health and rights [SRHR] policies in Africa

Otobo D Daniel, Adefila Jacob, Edugbe E Adikpe, Yonni Johnson, Mesak Daniel, Ishiola M Adewale, Omoruyi Anita, Ezejiofor L Ugochukwu, Okpe Paschal, Okau Uloko and Tanko O Halima

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Abstract

The poor participation of youths in politics and governance in Africa may be as a result of the indigenous African believe that wisdom is associated with the aged and thus the elderly makes for best leaders. This has led to a lot of African nations with the worlds youngest populations as her majority being led by some of the world's oldest leaders. Like Nigeria for example. In the aspect of Sexual and Reproductive Health and Rights (SRHR), we have old and unamended policies that no longer seek to favour the mental, physical or social sexual and reproductive wellbeing of the younger and younger African populace. The aim of this study was primarily to listen to what some African Youths proposed for the improvement of Sexual and Reproductive Health and Rights in their Countries. This was done by using a validated data tool in a randomized cross-sectional study amongst 80 participants from over 11 African countries. The results showed that majority of the correspondents wanted to implement policies to improve Comprehensive Sexual Education, Community advocacy/awareness engagements and government policies amendments, respectively. Other areas mentioned were; improved Family planning services and, Human and reproductive health rights. While the two people said they were going to scale down SRHR and Do nothing concerning SRHR, respectively in their countries. No one made mention of improving any aspect concerning the LGBTQ community, what so ever.

Keywords: youth engagements, SRHR, Africa, sexual and reproductive health and rights, government

Introduction

There is an African saying that "What an elder can see while seating on a stool, a child will never see even if he climbs on an iroko tree" ^[1]. This saying basically reflects experience playing a key role in good decision making. Hence, making elders the best leaders but, on the off side disqualifying youths from having a place or say in leadership. Such ideologies have let African citizens vote for Octogenarians and Nonagenarians into significant offices of power (Figure 1). Leaving the youthful energy of the younger generation chronically domicile. Thus, they lose the voice and power of the youths, even in making policies meant for the youths ^[2].

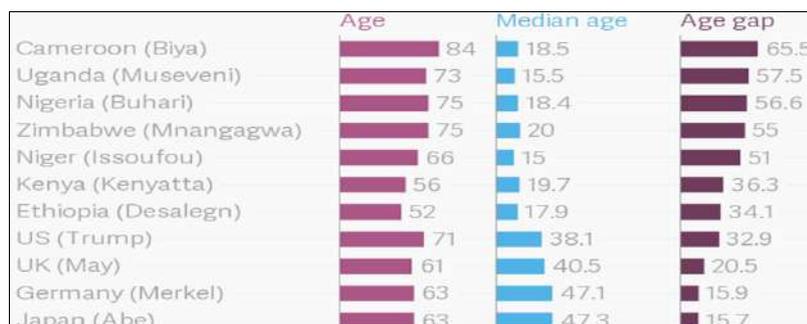


Fig 1: A tabular break down of some of the World's Oldest Presidents against the mean age and age gap of their citizens population. It goes further to show that Africa has the oldest leaders, yet youngest mean population age. From the Atlas Data. CIA Handbook Wikipedia.

Moreover, Africa is blessed with the youngest population in the whole world, with about 60% of her citizens being under 25 (Figure 2). This may come off as an opportunity or a challenge. In the sense that they can promote future

economic growth if properly empowered. However, failure to involve them in thematic areas such as Health, Education and Youth Empowerment will create more challenges [3,4].

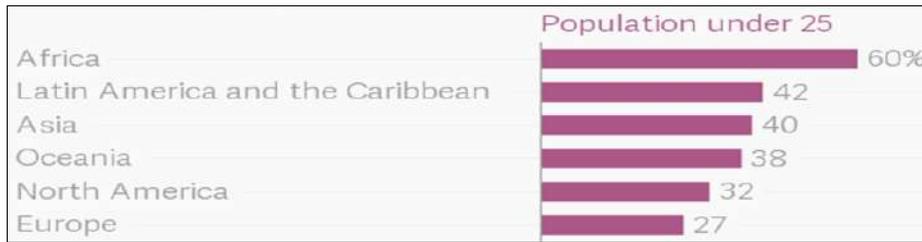


Fig 2: A table showing the world’s continents with the youngest population. From the Atlas Data, UN world population prospects. The 2017 Revision

The fact that the attainment of the United Nations Sustainable Development Goals (UN-SDGs) by 2030 was highly depended on women and youths was amongst the major points raised at the 52nd UNPD session in 2019. The speakers went further to link the role of women and youths in the attainment of the goals. Also, that the empowered women and youths being based also on the SRHR policies in their communities and countries. Thus, the need for better SRHR policies in empowering these women and youths [5]. In a nutshell, SRHR policies are vital directly; on the medical front and, indirectly; on the social and economic fronts. Both crucial to a nation.

As regards Africa, the alarming rate of its Maternal and perinatal mortality rates are further fueled by unaccommodating African laws, socio-cultural norms and practices that may directly or indirectly worsen the MMR narrative in Africa. Thus, there is a constant cry for better medico-social SRHR policy reforms. Cries that are almost seldom heard. Many of the affected victims of these poor health policies system are youths. Thus, it is only imperative that when a round table is called to discuss what is best for them, the youths should have an audible voice and ample representation on it. But this is rarely (if ever) the case [6-9].

The aim of this paper is primarily to listen to what some African Youths proposed for the improvement of Sexual and Reproductive Health and Rights in their Countries.

Methodology

A cross-sectional study was conducted using questionnaires to obtain the data for this study. Signed consent was given after detailed written explanation on each questionnaire. The sample population for this study were delegates at the SRHR session during the African Healthcare Students Summit (AHSS) December, 2020. Though 800 delegates

registered for the summit, 113 delegates from 7 African countries attended the session on SRHR. Of these, 82 youth delegates participated in this particular study, with only 80 giving responses that was relevant to the question asked. An online google form was used to retrieve the data and extracted as an excel sheet.

N=80. 87.5% of delegates spoke English. Major religion practiced amongst subjects were Christianity and Islam. Nigeria, Kenya, Ghana, Benin Republic, Uganda, Rwanda and Sudan were the nations from which subjects hailed. Nigerians made up 50% of subjects.

87.5% of delegates spoke English. The main religion practiced amongst the delegates were Christianity (49%) Islam (49%) and Traditional religion (2%). Nigeria (50%), Uganda (25%), Kenya (12%), Rwanda (3%), Somali (2%), Malawi (2%), Ethiopia (2%), Ghana (1%), Togo (1%), Cameroon (1%), and Benin Republic (1%) were the nations from which participating delegates hailed from.

The question was “If put in a position of policy implementation and power, what major improvement would you aim to see in the reproductive health and citizens attitude in your country?”

Results/Discussion

This has been classified based on the thematic area on SRHR proposed on. For those who had more than one area, we classified them based on the first area of interest addressed.

There were 80 valid responses. These responses (Table 1; figure 3) were classified under 8 thematic categories. Although some spoke about issues beyond one category, we classified them based on the first area of interest they spoke on, so as to avoid repetition.

Table 1: Table showing the analyzed categories of responses per topic first spoken/emphasized on

Abbreviations	No of responses	Percentage of Responses	Response mean
HER – (Human and Repro Rights)	8	10%	10
FFP – (Friendly Family Planning)	9	11.25%	8.89
GPA – (Government Policies amendment)	13	16.25%	6.15
AAC – (Advocacy, awareness and community)	16	20%	5
IAP – (Initiative Against Poor SRHR Services)	10	12.50%	8
CSE – (Comprehensive Sexual Education)	22	27.50%	3.64
SDS – (Scale Down SRHR)	1	1.25%	80
NIM – (No Improvements)	1	1.25%	80
TOTAL	80	100%	

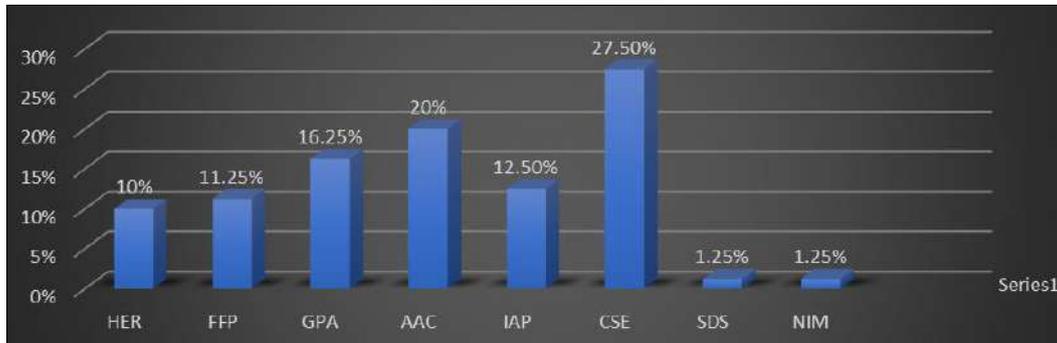


Fig 3: A chart representation of topics responders most highlighted. It shows implementation of policies to scale up Comprehensive Sexual Education as the highest point and policies to bring an end to SRHR as the lowest point made.

Human and reproductive rights [her]

1. Every citizen should know their reproductive right
2. I aim to see an improved society where there's gender equality and the rights of citizens are respected, where women and children are protected from all sought of abuse and a situation where every citizen know their rights.
3. To understand that it's a basic human right to receive these services including but not limited to safe abortion provision as well as Standard post abortion care!
4. To be a place where all reproductive and sexual activities are done according to the law, no harassment, no abuse and no forcing.
5. Sexual right and orientation on early teenage marriage
6. I hope to see a nationwide acknowledgement and defense of sexual rights, especially for females
7. Equal education to both female and male genders
8. Equal human rights to health services irrespective of gender, age, race or economic status

Friendly family planning and SRHR services [FFP]

1. Youth friendly Service Provider; Adequate SRH commodity; Improve awareness among young people especially in Northern Nigeria.
2. Improvement about the attitude towards safe abortion and use of contraceptives without discrimination
3. Access to reproductive health care without prejudice.
4. Providing early reproductive health to the people
5. Health seeking behavior when one is pregnant. Most people in my country do not seek health
6. services as early as possible even for labour and delivery
7. Safe sex, use of contraceptives, regular and improved antenatal care and hospital deliveries instead of home deliveries
8. Mammogram, breast cancer screening, provision of human papilloma virus vaccine, screening for prostate cancer, and emergency caesarean section
9. Availability of youth friendly corners

Government, policies and amendment of laws [GPA]

1. Support from the government and donor's
2. Improvement in Government policies
3. Legalize abortion and teenage friendly clinics
4. Enlightenment and positive response from those in authority
5. Community sensitization and advocacy Visit to Community Leaders and Religious Leaders and Enabling environment with some Small Scale Enterprises initiation among Women of Child bearing

Ages

6. Stable health sector
7. I aim to see government employing community health Nurses that can move village by village to carry out SRHR so that every citizen can benefit from including those with disabilities and the old, orphans and widows who are all unable to meet hospital bills or wait in line at the facility due to socioeconomic issues
8. More improvement in our health sectors, and given good chance to the massive.
9. More commitment from the Government angle
10. Health Sectors
11. Government contribution towards the reproductive health
12. Government should enlighten the citizens on the need to put hands together to improve reproductive health
13. It has to be considered in all sectors of the government; everyone has to be involved for sensitization

Advocacy, awareness and community engagements [AAC]

1. Sensitization on SRHR quarterly of every year.
2. Massive Increase in success on awareness and action on sexual reproductive health right
3. Strong advocacy on the subject
4. Awareness
5. Will make sure no one is left behind.
6. A drastic measure needs to be taken to implement the policy set aside for such an activity
7. Support for menstrual sanitary items
8. There should be less criticism about sexual and reproductive health
9. SRHR is fundamental knowledge and should be more widely spread than it currently is.
10. I really would see cooperation between the medical services and the traditional culture in our community
11. To see all the problems with regards to reproductive health addressed
12. I want people to be sensitize about their sexual and reproductive health rights. Stringent punishments should be enforced for those who commit sexual violence
13. More awareness on reproductive health amongst the Youths
14. To organize mass mobilization as campaign about ASRH based in secondary school
15. More awareness and mobilizations to the community and societies.
16. To be a major concern of all like the current pandemic of coronavirus.

Initiatives against poor SRHR practices [IAP]

1. I want our country to be clean from rape, gender-based violence, child marriage, girl illiteracy.
2. I want to see an end to Gender based Violence, Unsafe abortion, Female Genital mutilation, Girl Child illiteracy, Teenage pregnancies, Rape and Gender Discrimination.
3. Youth friendly Service Provider; Adequate SRH commodity; Improve awareness among young people especially in Northern Nigeria.
4. Reduced or cease teenage pregnancies
5. Improvement about the attitude towards safe abortion and use of contraceptives without discrimination
6. The more concerns about SRHR in Rwanda are teenage pregnancies and gender-based violence, there are many initiatives with the government which are helping to reduce the number of those cases happens, and advocacy so the people are open to report those cases as soon as possible if happens.
7. Stop rape, increase awareness of importance of use of contraceptive as in well as society gaining awareness of dangers of unsafe abortions
8. Less rape and unsafe abortions
9. Avoidance of rape and unsafe abortion
10. Improve teenage SRHR education countrywide.

Comprehensive sexual, equal and girl child educations. [CSE]

1. Introduction of SHRH education to 10 years old girls in schools.
2. Sensitization on SRHR quarterly of every year.
3. The appropriate education of youths on sexual and reproductive health and their rights, i believe this will help avoid every other problem that results from ignorance of it.
4. More awareness and sexual education
5. More sexual reproductive health lessons being thought in schools. There should be more youth centers in our country that are youth led which they can be able to empower more youths and girls,
6. More dedication to improving the knowledge of reproductive health among the citizenry.
7. True humanity and a better knowledge of relevant information.
8. Attitudinal change
9. A significant rise in Girl Child Education
10. Teaching the young generation about the dynamics in sexuality
11. Educating girl child on how to protect themselves from rape, and accessing counseling and safe abortions
12. Reproductive health should be introduced into the school curriculum as early as possible to better educate the growing child. Reproductive health should not be a topic of shame or a "forbidden topic" in the Nigerian society and among its citizens.
13. Equal education to both female and male genders
14. An attitude that does not shy away from the topic when it is brought up.
15. To increase the health education at every level of the female reproductive stage like during menstrual time, pregnancy time, delivery time and Brest feeding moment. Also if it unwanted pregnancy and unsafe abortion occurs, gives help and educate.
16. They should be informed about sexual and reproductive

health at their early age.

17. Even though abstinence is the best i will us to emphasis on the use of condom policy
18. Equity and knowledge
19. More collaboration, integration into curriculum
20. Young Girls and boys from as young as 10 years to be taught about their sexual health, so that in the future we have people who can speak out and know themselves
21. implementation of comprehensive sexuality education so young people can understand their sexuality at a young age
22. Teenage education on reproductive health

Scale down SRHR [SDS]

1. Will scale down sexual and reproductive health and rights (SRHR)

No improvements [NIM]

1. Will make no improvements to the status quo

Discussion

From the result shown, it clearly highlights what are some of the major challenges we face as a region when trying to improve comprehensive sexual education. We however, cannot exclude the fact that there are still some educated few amongst us that still feel that improvement of the Sexual Reproductive Health and Rights (SRHR) in the region is either unnecessary or overdone (Table 1).

The most mentioned points of focus are Comprehensive Sexual Education; Advocacy, awareness and community engagement; and Government policy amendments, respectively, in order of highest prevalence. (Figure 3). Generally, there is a poor prevalence of quality age appropriate CSE practiced in Africa ^[10]. Also, there is a need for better community engagement. This will hopefully help improve psychosocial perspective when it comes to SRHR in African communities. Where a lot of religion and cultural believes superimpose over peoples sexual and reproductive rights ^[9]. Lastly, Government policies and amendment of laws that do not support sexual and reproductive health rights. This is a very crucial step in the promotion of accessible safe abortion care. Unsafe abortion is an unmet fatal need of SRHR.

However, in all the points mentioned and highlighted by all participants of this study, not one mentioned any point regarding sexual and reproductive health rights of gender minority groups, "LGBTQ+". This shows that, even in an enlightened and hungry generation striving for change, a lot of work still needs to be done in prepping the minds of young Africans of the Gen-Z in this regard.

Lastly, the minority views in this study. There were two views that stood out. While others strived to speak progressively about SRHR in Africa, these two shared a rather opposite view. Whilst one would do nothing to improve the current status quo, the other was going to step down all works currently done. We need to be aware that such mentalities do and still exist. Often, we do not realize this until such persons are in positions of power. Then we spend also of energy campaigning, protesting and rallying; attaining little to no change. These views are present and valid, we need to help change them.

Limitations of this study was a small study population.

Conclusion

Africa is the continent with the largest population of youths in the world. These youths are young, strong, energetic and willing to improve the communities around them. With Africa giving her young a chance to share their opinion and hold offices of importance, we will surely have an improvement on a lot of situations currently weighing us down as a continent.

From this study, if the youths are given a chance to be in positions of power the tenets of SRHR advocacy that will be touched on are comprehensive sexual education, advocacy and community engagements and government policy amendments. While others bother around human rights and family planning services, including contraception.

Abbreviations

CSE = Comprehensive Sexual Education

LGBTQ+ = Lesbians, Gay, Bisexual, Transgender and Queer

SRHR = Sexual and Reproductive Health and Rights

Conflict of interest

Authors Declare no Conflict of Interests

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